



Downers Grove Grade School District 58

Student Information and Emergency Form

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FOR OFFICE USE		
<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Residency	<input type="checkbox"/> Medical Records
Start Date _____	Homeroom _____	
Bus Route AM _____	Bus Route PM _____	
Bus Stop AM _____		
Bus Stop PM _____		

Last Name _____ First Name _____ Middle Name _____ Grade _____

Birthdate _____ Birth City _____ Gender _____ Language Spoken at Home _____

Address _____ City _____ Zip _____

Home Phone _____ Mother's Maiden Name _____ Medicaid # _____

If born outside the US, number of consecutive years attending US schools _____

Student Lives with _____ Primary Email: _____

Father _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Mother _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian1 _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian2 _____ Cell # _____ Work # _____

Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian Mailing Name _____ Address _____

City _____ State _____ Zip _____

1. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

2. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

Please list siblings their gender and DOB _____

Medical Considerations and/or Comments: _____

Yes / No I give permission for my child's work to be displayed.

Yes / No I give permission for my contact information to be shared with the PTA for inclusion in the school directory.

Yes / No I give permission for my student's photo/information to be published in the school yearbook and/or other school publications.

Yes / No I give permission for my child's photograph and/or audio/video taping to be displayed or used in district publications and/or on the district web site, and/or by the media in print or online.

(I understand permission is granted if no choices are selected)

Yes / No In August, would you prefer to receive the Parent Handbook electronically only?

Doctor's Name _____	Doctor's Phone # _____
Emergency Consent:	
I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached, to 1) contact and release my child for care to the persons listed as emergency contacts; and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.	
Parent/Guardian Signature _____	Date _____



Downers Grove Grade School District 58
We Envision. We Seek. We Believe.

PARENTAL CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent or legal guardian of

_____, am a resident of Downers Grove Grade School District 58, and my child is enrolled in a District 58 school. I hereby authorize and consent to Downers Grove Grade School District 58, its employees and agents, local paramedic personnel, Dr. _____, my child's physician, or any physician in their group practice, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of Downers Grove Grade School District 58, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child. I further authorize Downers Grove Grade School District 58, by and through its employees and agents to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I further waive any claims against Downers Grove Grade School District 58, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Downers Grove Grade School District 58, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Signature: _____

Parent of: _____

Date: _____